

**UK CCN Network and SAPHNA SPECIAL INTEREST GROUP**

**Nurses working with SEND children and young people**

Meeting (virtual) held 18th May 2022 2pm-3pm

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| **Attendees:** | (ED) Elaine Davies  (RJ) Rita Jenner (Suffolk NHS)  (RD) Rebecca Daniels (EAST LONDON NHS FOUNDATION TRUST) – Chair and minute taker  (JR) Jane Ryall (SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST  (ME) Marie Eyre (ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST)  (AFu) Angie Fudge (Sussex Community NHS Foundation Trust)  (GC) Gemma Cove-Mullins  (ST) Sian Thorne  (BG) Bianca Gardiner  (DO) Dave Owen  (SE) Sara Eacopo  (TW) Trudy Ward  (CC) Claire Connolly  (CT) Catherine Tinsley  (SL) Suzanne Lee  (SB) Shaik Begum  (SA) Sarah Allen  (SJ) Sarah Jeyes  (KS) Kaie Samoilov  (KB) Katrina Bottle  (CH) Caroline Hancox.  (KE) Kirsty Elliott  (BP) Bianca Postelmans  (CW) Caroline Welch  Heather Gray (HG) and Gill  (MV) Michelle Vizard  (RM) Rebekah Murch |
| **Apologies** | Hazel Thomas  Louise Stringer  Alice Macdonald-Parry  Hannah  John Gowans |
| **Agenda:** | 1. Public health offer and how is this delivered for your CYP with complex needs 2. Agreement Terms of Reference |

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| **Item** | **Discussion** | **Action** | **Deadline** |
| **Welcome and Introductions** | The group introduced themselves and shared their current job role and schools within their remit. Variety of school offers across the UK.  Joint meeting with SAPHNA and UK CCN Network |  |  |
| **Michelle Vizard – pilot work** | MV – Left NHS last year and join management consulting firm working with NHS mail to identify groups not currently engaged with NHS Mail– independent school nurses identified as one group professionals. Pilot work to highlight the benefits – connectivity, access to networks and safeguarding including joining/access to the CP Sharing portal.  Teamed up with NHS England Safeguarding. Green light for a pilot. Recruiting nurses to join the pilot across Surrey, Hampshire and Sussex> measure improvements in communication and collaborative working over a period of 3 months with aim to roll out nationally. SEN settings, state funded schools, any nurses working independent of NHS working within education settings. Must be a registered nurse on NMC register.  NHS mail benefits – including office 365 and access to NHS futures platform (NHS E/I driving forward). Without NHS mail excluded from many aspects including bank and training portals. Ideally any HCP should be able to access NHS Mail so this pilot will aim to test the positive outcomes for further roll out. | Please contact MV - **Direct email:** [**michelle.vizard@nhs.net**](mailto:michelle.vizard@nhs.net)  **The link to the registration form is:** [**https://forms.office.com/r/zY9k32f4r5**](https://forms.office.com/r/zY9k32f4r5)  **We are at the stage where we now have the green light to run a small ‘proof of concept’ pilot. This pilot is focusing on Surrey, Hampshire and Sussex for three months. At the end of this period, metrics will be measure to evidence any improvement measures and to hopefully support the case for a full national roll out.**  **How can you help?  Sign up, if you are in Surrey, Hampshire or Sussex and / or spread the word.** |  |
| **Minutes from 22nd March 2022** | Reviewed and agreed as accurate – 8 weekly moving forward for 1 hr  AGP guidance has been withdrawn in education settings. |  |  |
| **Public health offer – open discussion** | ED – leads two areas – both SSN which is CCG funded No local authority funding. No current PH involvement and not offered the Health Child programme from 0-19. SSN provides clinical needs as a priority and innovation across nurses have developed packages PH offers, sexual relationships and PHSE. Bespoke 121 work using social stories. No clear pathways or offer of delivery. No national guidance or local guidance for the offer (no one else in team has SCPHN).  RD – most SSN teams are lacking staff with SCPHN qualification.  TW – would be helpful to Map out the core offer for PH element. Bespoke PH work in SS for many years by SSN. In Sussex SSN is commissioned to deliver the HCP. Pathways are developed for hearing and vision. Needs to map out what the core elements of the PH offer and where are those being met? Weight management may be another area.  AFu – hearing and vision pathways in place for CYP in reception. Also covers new starters to schools. Undertake Height and weight baseline offer but do not submit data nor sent out the letters to families. FU conversations with families however.  Schools that have less clinical need, nurse on site is able to deliver work on sleep and toileting. Not being met in all schools where higher clinical need is present.  DO – Southampton piece work to bridge gap between SSN team and 0-19 team including transition into school. On IOW – 0-19 team SEN input and identify CYP coming through to SSN earlier, in return 0-19 to have a link nurse with SCPHN to support PH offer. *To share at a later stage how this is working.*  CC – Newcastle failing in lots of PH in Special schools – working with CCG to develop a new way of working with 0-19 service. Clinical needs take over and time is limited when clinical staff undertaking interventions in schools.  GCM – same team as Claire – does have the SCPHN although working as CCN in SSN. Seen other side as PH nurse usually isn’t the support to deliver.  RD – New team – letters have gone out with to two main schools regards the PH offer and SSN offer – PH are commissioned to meet the PH offer for CYP in the borough but working collaboratively. Hoping to bring back pathways once these are developed and can be shared.  RJ – Should the mapping out of services for HCP be at a higher level? Could this be classed as discriminatory? Weight management isn’t being looked at within SSN as an example despite national concerns regards obesity.  ED – Agrees regards national conversation about the role of nurses working with CYP with SEND should be? SCPHN not necessary as essential but a willingness to develop and deliver on PH can be via any registered nurse. Some areas have employed specific staff to deliver the PH offer - ?Sunderland.  Safeguarding also being carried out by SSN which would normally be carried out via the 0-19 teams – what are others doing?  Caroline – nurse employed by LA/Education in a stand-alone school but worked as Complex care nurse before in Cumbria. New post, school is growing. 200 CYP+ Safeguarding supervision is not available due to not being part of the NHS. Are there any pathways or suggestions how to navigate support? Has spoken to SG lead in Cumbria, very rural. RD suggested a Service Level Agreement (SLA) for SG supervision to take place. Suggested contact designated Safeguarding nurse to help navigate (TW) for support and advice. RD suggested setting up local peer support group.  SE – Mixed – two SS who have high clinical need, CC nurses in both who cover SG, CIN and Heights/weights. Dental/vision/hearing come in. SN main stream schools with SSN – one LD and one CCNS and deliver school programme with PH team. Sit within the same team and SSN that are all year round also manage the needs during the holidays.  RD – collaborative working across CCN and 0-19PH with allocated nurses from both teams. Named SSN would do the safeguarding as case managers for those allocated to SSN. Positive to hear about LD nurses being integrated into SSN teams.  Kirsty – LD practitioner – have 8 SCPHN across Warwickshire- Work with Special Schools and PH campaigns in schools. Cover SEND continence workshops health needs assessments in main stream schools – trying to create a health needs assessment in Special schools. Also deliver bespoke packages  ED – Looking for health needs assessment questionnaires – would people be willing to share? Not got access to anything digital at the moment. Key points: Entry to school, one for seniors to pick up any needs for extra support.  KE – use digital format for school readiness, year 6 and year 9. Developed questionnaires. Compass Wellbeing/Connect for health school nurses.  Other questions – | All to email any resources for sharing to [Rebecca.daniels@qni.org.uk](mailto:Rebecca.daniels@qni.org.uk)  RD is setting a formal registration form to opt in so we can develop a MS teams group and access to files after the meeting finishes. |  |
| **AOB** | KS asked re revalidation – RD any nurse can complete revalidation with reflective discussion and line manager can complete the rest of revalidation. RD offered to have reflective discussion.  RJ – can student nurses be included within network meeting – yes if shadowing staff for the day – opportunity to learn about importance networking and collaboration |  |  |
| **Terms of reference** | Agreed – send feedback if amendments are required. | All to feedback within two weeks of meeting (2nd June) |  |
| **Requests for agenda items** | First aid in schools (DO)  Tasks – who are these allocated to? Nurse Vs LSA (BP) |  |  |
| **Next meeting** | Wednesday 6th July 2022 1400-1500hrs (every 8 weeks) |  |  |

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| **Action Log** | | | | |
| **Agenda No.** | **Action captured** | **Owner** | **Timescale** | **Completed** |
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| March 22 | Share ED’s transition | RD | July |  |
| March 22 | Share AFu transition pack | RD | July |  |
| May 2022 | Update invites for 8 weekly recurring from July date | RD | July | June 2022 |
| May 2022 | Email resources for sharing | ALL | Ongoing |  |
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